




MONTGOMERY COUNTY HEALTH DEPARTMENT PROPERTY TAX CLEARANCE FORMS

Name of individual or Company			MONTGOMERY COUNTY PROPERTY TAX CLEARANCE SCHEDULE	
If transfer, give name of business			(For <input type="checkbox"/> Person <input type="checkbox"/> Business or <input type="checkbox"/> Corporation )	
Mailing Address (Street and number of rural route)			 <b>Public Health</b> Prevent. Promote. Protect.	
City	State	Zip Code		
Doing business as (DBA)				
Permit Location (Street Address)				
City	State	Zip Code		
I, Treasurer of Montgomery County, hereby certify that the person or company named above has paid all property taxes in 20____ (for 20____ assessment) and property taxes for all prior years, or is exempt from property tax by reason of _____				
Signature of County Treasurer			For Use by the Montgomery County Public Health Dept 110 West South Boulevard Crawfordsville IN 47933  <b>MCHD OFFICE COPY</b>	
			Date (month, day, year)	

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